## AUG 18 2005

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											Application or Docket Mumber 10/789,925		
APPLICATION AS FILED — PART I (Column 1) (Column 2)								SMALL ENTITY			OR	OTHER THAN SMALL ENTITY	
	FOR NUMBER FILED MUMBER EXTRA						1	RATE	(8)	FEE (S)	1	RATE (8)	FEE (5)
BASIC FEE (37 CFR 1.18(x), (b), or (c))			N/A			N/A		N/		1.00(0)		N/A	770.00
SEARCH FEE (37 CFR 1,1603, (0), or (m))			N/A			N/A		N/A				N/A	-
EXAMINATION FEE (37 CFR 1.18(B), (b), (b), (c)			NA			N/A		N/A			RVA.	<del>                                     </del>	
TOTAL CLAIMS			3 minus 20 a		0	• 0						40	0
(87 CFR 1.18(1)) INDEPENDENT CLAIMS			1		<del></del>	.0		×	•		OR	1,	
(37 CFR 1.16(h))			•	cification		os evocad 100		×	-			× 86 -	0
APPLICATION SIZE  APPLICATION SIZE  FEE  (37 CFR 1.18(a))  If the specification and drawings exceed 100 sheats of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s).													
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(I))								N/A				NA	
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTA	F			TOTAL	770.00
APPLICATION AS AMENDED PART II													
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		(Column 1) (Column 2) (Column 3)				(Cdumn 3)		SMALL ENTITY			OR	SMALL ENTITY	
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ME	Application Size Fee (37 CFR 1.18(s))												
FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (87 CFR 1.16(0))								NZA			ÓR	NA	
								TOTAL ADD'L F	FF		ÓR	TOTAL ADD'L FEE	0
5	-15-06	(Cd	lumn 1)		(Column 2)	(Column 3)			1				
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AMENDA	Brdependerá Gr GFR 1.18p)(	٠	1	Minus	<del>"</del> 3	- 0		×	-		DR	× =	Ö
S	Application Stee Fcc (37 CFR 1.16(a))										<b>~</b> ⊓		10
	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (97 CFR 1.18(II)							NA			OR	NZA	0
							_	TOTAL ADD'L F	EE		OR .	TOTAL ADD'L FEE	Ō
If the entry in column 1 is less than the entry in column 2, write "0" in column 3, "If the "Highest Number Proviously Peid For" In THIS SPACE is less than 20, enter "20". "If the "Highest Number Proviously Peid For" In THIS SPACE is less than 20, enter "20".													

KS

"If the Trignest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Mighest Number Previously Paid For" (In THIS SPACE is less than 3, enter "3".

The Mighest Number Previously Paid For (Intel or Independent) is the highest number found in the appropriate box in polume 1.

This collection of Information is required by 37 CFR 1.16. The Information is negatived to obtain or reten a benefit by the public which is to fine (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the submitted to be complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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